



CITY OF BAINBRIDGE ISLAND
PUBLIC WORKS DEPARTMENT
280 MADISON AVENUE N.
BAINBRIDGE ISLAND, WA 98110
206-842-2016

Cross Connection Control Analysis

Tidemark Case No: _____

Parcel Information Please type or print

Change to previously submitted information? ☐ Yes ☐ No

Parcel Tax Account #'s _____
Legal Street Address _____ Bainbridge Island, WA

Applicant Information Please type or print; Owner's information if required

Owner	Name _____	COBI Utility _____
	Mailing Address1 _____	Account Numbers _____
	Mailing Address2 _____	_____
	City _____ State _____ Zip _____	
	Phone _____ Email _____	
	Project Name _____	
Agent	Name _____	
	Company _____	
	Mailing Address1 _____	Business License # _____ Year _____
	Mailing Address2 _____	Phone _____
	City _____ State _____ Zip _____	Email _____

Cross Connection Control Information Required - Respond to All

- | | |
|--|--|
| <input type="radio"/> Yes <input type="radio"/> No | Has there been or will there be another source of water to your property other than the service connection to the public potable supply i.e., private well, lake, stream, river, pond, etc.? |
| <input type="radio"/> Yes <input type="radio"/> No | Will there be an irrigation system on your property? |
| <input type="radio"/> Yes <input type="radio"/> No | Will there be any facilities (such as a booster pump, elevated tank, etc.) to increase the water pressure above the supply pressure presently provided by the public potable supply? |
| <input type="radio"/> Yes <input type="radio"/> No | Will there be any toxic or non-toxic chemicals used in your operation? |
| <input type="radio"/> Yes <input type="radio"/> No | Will any of your facilities provide medical, dental, or laboratory services? |
| <input type="radio"/> Yes <input type="radio"/> No | Will any of your facilities have non-residential food preparation areas? |
| <input type="radio"/> Yes <input type="radio"/> No | Will your facility have any water features like a pond, fountain, or pool? |
| <input type="radio"/> Yes <input type="radio"/> No | Will there be any ejectors, aspirators, or pumps used in your operation? |
| <input type="radio"/> Yes <input type="radio"/> No | Will water be recycled during the operation of your heater, air conditioner, or other equipment in your plant or building? |
| <input type="radio"/> Yes <input type="radio"/> No | Will there be any water supply lines submerged in tanks, vats, etc.? |
| <input type="radio"/> Yes <input type="radio"/> No | Will there be any backflow prevention devices installed in any part of your piping? |
| <input type="radio"/> Yes <input type="radio"/> No | Will there be a fire stand pipe or fire sprinkler system installed in your building? |
| <input type="radio"/> Yes <input type="radio"/> No | Will any building have more than (2) two stories? |
| <input type="radio"/> Yes <input type="radio"/> No | Will there be any other conditions present which could allow water to flow in a direction that is opposite to normal flow? _____ |

Applicant agrees that all information submitted on this form is truthful and based upon best available information known at the time of submittal. Applicant further agrees to immediately inform the City of any and all changes in the information submitted, and to any change in use including any unoccupied, unsold, or otherwise undefined industrial or commercial space with a resubmittal of this form.

Owner/Agent Signature* _____

Date _____

*Applications submitted by an Agent are required to have a notarized Owner/Agent Agreement on file or submitted with this form.